



COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF TELECOMMUNICATIONS AND CABLE

***Annual Return and Revenue Statement for calendar
year ending December 31, _____***

1. Exact legal name of the registered company is _____

2. Doing business as (dba) in MA, if any _____

3. Federal Employee Identification No. (FEIN) _____

4. Address of its *principle office* is _____

5. Main/General Telephone Number _____

6. Address of its *regulatory office*, if different from principal office _____

7. Mailing address, if different from above _____

8. Has company changed its registered and/or operating name(s) during the calendar year?

[] No

[] Yes If 'yes' provide the following information below:

Previous name(s)	dba	FIN	Date changed/reason
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Annual Return and Revenue Statement of _____ for calendar year ending December 31, _____

9. Date and state of incorporation _____

10. Long-term debt \$ _____ Short-term debt \$ _____

11. Capital stock authorized \$ _____ Capital stock outstanding \$ _____

12. Dividends paid out \$ _____ Dividends declared \$ _____

13. Briefly describe company's business operations in MASSACHUSETTS.

Signature and Oath of Treasurer and Chief Accounting Officer

We hereby certify that all statements contained in this return are full, just and true on this,
the _____ day of _____, in the year _____.

Treasurer:

Name (typed or printed)

Signature

Chief Accounting Officer:

Name (typed or printed)

Signature

If signatures of the above two parties were affixed outside of the Commonwealth of Massachusetts, they must be properly sworn to, in person, as attested to by a Notary Public or Justice of the Peace:

Signature

Address (city, state and Zip Code)

Name (typed or printed)

My commission expires on: _____
(mm/yyyy)

Annual Return and Revenue Statement of _____ for calendar year ending December 31, _____

Revenue Statement

1. *Exact legal* name of reporting company

2. Doing business as (dba) in MA, if any

3. Federal Employee Identification Number (FEIN) _____

4. MA **intrastate** operating revenue \$ _____

5. MA **intrastate** operating expenses \$ _____

CONTACT INFORMATION

Questions concerning the information provided in this return, and **regulatory assessments should be directed to:**

[] ***Please check if the contact information has changed since last filing.***

Contact person/title: _____

Address: _____

Contact person telephone number _____

Contact person E-mail address _____

I hereby certify, under penalty of perjury, that the foregoing statement is true to the best of my knowledge and belief.

Date _____ Signature _____

Name/Title (typed or printed) _____

There is a \$5 filing fee. Please issue a check made payable to the Comm of MA-DTC. Do not staple the check to the forms. Mail the original plus one (1) copy of the completed **Annual Return and Revenue Statement**, with the **\$5 check**, plus one (1) photocopy of the check to:

**MA Department of Telecommunications and Cable
Attn: Competition Division
Two South Station
Boston, MA 02110**